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## Application Number 10/661,886 **REVOCATION OF POWER OF Filing Date** September 15, 2003 ATTORNEY WITH NEW POWER **First Named Inventor** Chris Quinlan OF ATTORNEY AND Group Art Unit 3688 **CHANGE OF CORRESPONDENCE Examiner Name** Daniel Lastra **ADDRESS** Attorney Docket Number D&Q-100US1 Thereby revoke all previous powers of attorney or authorizations of agent given in the aboveidentified application: A Power of Attorney is submitted herewith. OR ☑ I hereby appoint the practitioners associated with the Customer Number: 31344 Please change the correspondence address for the above-identified application to: ☐ The address associated with Customer Number: 31344 OR Firm or Individual Name Address City Country State ZIP Telephone Fax. I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Chris Quinlan Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

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